

## Federal Extension Questionnaire - Claimant

### Claimant Information

Last Name:

First Name:

MI:

ID or SSN:

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

The department has received information regarding your eligibility for Federal Extension Unemployment Benefits. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information.

*If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

### Section A: Federal Extension Information

Did you receive wages for work performed after \_\_\_\_\_ ?      Yes      No

If Yes, please complete the following questions. If No, please skip to Section B, no further questions are required.

Note: If there is more than one employer for whom you have worked since \_\_\_\_\_, please list additional employer names, addresses, telephone numbers, dates worked, and wages earned on the back of this questionnaire or attach a separate sheet.

Employer Name:

Address 1:

Address 2: (Apt., Floor, Suite, etc.)

City:

State:

Zip Code:

+

Employer Telephone Number: (       )      -

*Please list dates and earnings by calendar weeks below.*

Calendar Week Worked

Gross Earnings Per Week

\$  
\$  
\$  
\$  
\$  
\$  
\$

Why are you no longer working?

### Section B: Signature

Signature:

Date:

Name (printed):

Telephone Number: